

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6	1					
7		1				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		2				
17		2				
18	1					
19		1				
20		1				
21	1					
22	1					
23	1					
24		1				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		2				
32		4				
33		4				
34		4				
35						
36						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.		81				
TOTAL CLAIMS	89					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						